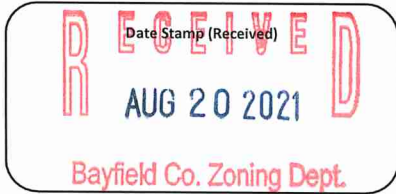


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	21-0330
Date:	10-10-21
Amount Paid:	303 TBA 175 8/25/21 dak
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:			
Holly Family IRREVOCABLE TRUST		42050 CABLE SUNSET RD		CABLE, WI 54821					
Address of Property:		City/State/Zip:				Cell Phone:			
42210 Cable Sunset Rd									
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached			
Louis J. Holly / SANDRA L. Holly		715-730-0192		42050 CABLE SUNSET RD CABLE, WI 54821		<input type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID#		Recorded Document: (Showing Ownership)			
SW 1/4, SW 1/4				9621		2011 19 538.561			
Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #	
Section 23		Township 43N N, Range 08 W		Town of: CABLE		Lot Size		Acreage 40	

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 110,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2 New	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
				3 in g/b well	<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 27'	Width: 37'	Height: 12'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( 27 X 37 )	999
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
<input type="checkbox"/> Commercial Use		with a Deck	( 8 X 12 )	96
		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities )	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	( X )	
	<input type="checkbox"/>	Accessory Building (explain) _____	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	( X )	
	<input checked="" type="checkbox"/>	Special Use: (explain) Dwelling in F-1 District	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	Other: (explain) _____	( X )		

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: Louis J. Holly / Sandra L. Holly (Trustees)  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 8-19-21  
Date 8-19-21

Address to send permit 42050 CABLE SUNSET RD, CABLE, WI. 54821

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted



In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (\*):

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*):

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*):

(\*) Wetlands; or (\*) Slopes over 20%

See Attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	425 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	336 Feet		
Setback from the South Lot Line	900 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	425 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	1000 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	New Feet	Setback to Well	Feet
Setback to Drain Field	New Feet		
Setback to Privy (Portable, Composting)	Feet		
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.			
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.			

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
 For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
 The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 21-1615	# of bedrooms: 2	Sanitary Date: 9/28/21
Permit Denied (Date):		Reason for Denial:		
Permit #: 21-0330		Permit Date: 10-10-21		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required Affidavit Attached
Inspection Record: STAKED Class-A Received - Second Dwelling on Parcel		Zoning District (F-1) Lakes Classification (N/A)		
Date of Inspection: 8/20/21	Inspected by: [Signature]	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) - Build as proposed, - Get required urc inspections				
Signature of Inspector: [Signature]				Date of Approval: 10/6/21
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>



# TOWN BOARD RECOMMENDATION - - (CLASS A - SPECIAL USE)

When **Town Board** has completed this form, please mail to:

Bayfield County Planning and Zoning Department  
P.O. Box 58 - Washburn, WI 54891  
Phone - (715) 373-6138  
Fax - (715) 373-0114  
e-mail: zoning@bayfieldcounty.org

Website:  
www.bayfieldcounty.org/147

Date Zoning Received (Stamp Here)

SEP 17 2021

Bayfield Co.  
Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk. **Attach a copy of the County Application (8 1/2 x 14) [front/back].** This is a **Class A** special use request. **Note:** The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. **Ask Town if you should be present at their meeting(s).**

Property Owner Louis J. Holly Contractor SELF  
Property Address 42210 42050 CABLE SUNSET Rd. Authorized Agent \_\_\_\_\_  
CABLE, WI. 54821 Agent's Telephone \_\_\_\_\_  
Telephone 715-730-0192 Written Authorization Attached: Yes ( ) No ☒

Accurate Legal Description involved in this request (specify **only** the property involved with this application)

SW 1/4 of SW 1/4, Section 23, Township 43 N., Range 08 W. Town of CABLE  
Govt. Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM# \_\_\_\_\_  
Volume 1062 Page 553 of Deeds Tax I.D.# 9621 Acreage 40  
Additional Legal Description: \_\_\_\_\_

Applicant: (State what you are asking for) Zoning District: F-1 Lakes Classification \_\_\_\_\_  
1 Bed Home on NW corner of Property

We, the Town Board, TOWN OF, do hereby recommend to

☐ Table

☐ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☐ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

\*\* THE FOLLOWING **MUST** BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department **not a copy or fax**

**\*\* NOTE:**

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Revised: November 2017

Signed:

Chairman: [Signature]

Supervisor: [Signature]

Supervisor: [Signature]

Supervisor: [Signature]

Clerk: [Signature]

Date: Sept. 15, 2021





SUN SET EXIT

SUNSET RD

Permit is for  
27x37 Residence

SUN SET RD

EXISTING  
DRIVEWAY

42.5

33.5

8x12  
Deck

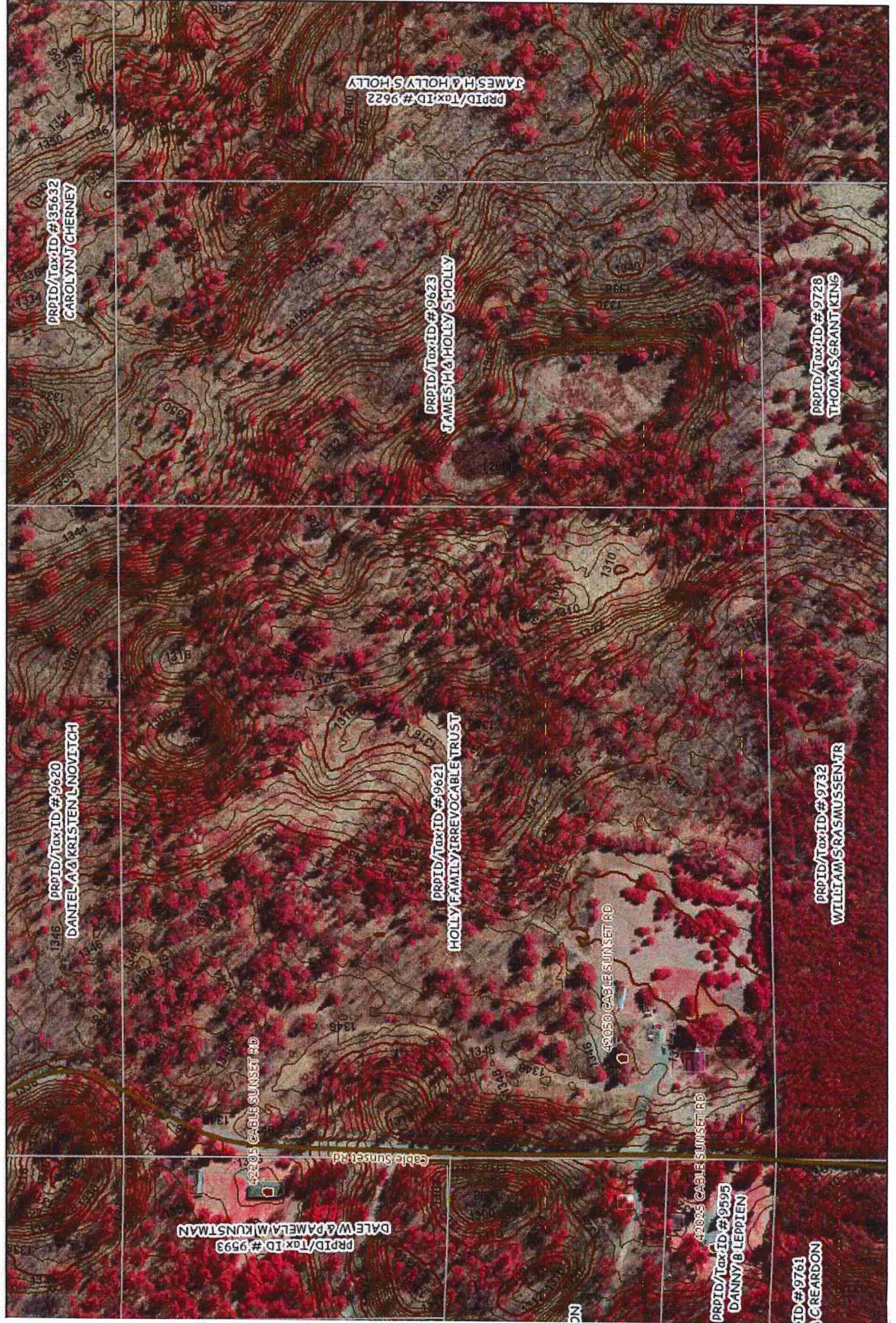


42050  
CABLE SUNSET RD.

40 ACRES  
Holly Family  
TRUST



# Bayfield County, WI





Description	Updated: 12/17/2013
Tax ID:	9621
PIN:	04-012-2-43-08-23-3 03-000-10000
Legacy PIN:	012112710000
Map ID:	
Municipality:	(012) TOWN OF CABLE
STR:	S23 T43N R08W
Description:	SW SW IN V.1062 P.553 922 (TRUST DTD 4/21/2011)
Recorded Acres:	40.000
Calculated Acres:	39.906
Lottery Claims:	1
First Dollar:	Yes
Zoning:	(F-1) Forestry-1
ISN:	108


Tax Districts	Updated: 3/15/2006
	STATE
04	COUNTY
012	TOWN OF CABLE
041491	SCHL-DRUMMOND
001700	TECHNICAL COLLEGE

Recorded Documents	Updated: 5/31/2011
WARRANTY DEED	
Date Recorded: 5/23/2011	2011R-538561 1062-553
CONVERSION	
Date Recorded: 3/15/2006	345-196

Ownership	Updated: 12/17/2013
HOLLY FAMILY IRREVOCABLE TRUST	CABLE WI

Billing Address:	Mailing Address:
HOLLY FAMILY IRREVOCABLE TRUST	HOLLY FAMILY IRREVOCABLE TRUST
42050 CABLE SUNSET RD	42050 CABLE SUNSET RD
CABLE WI 54821	CABLE WI 54821

Site Address	* indicates Private Road
42050 CABLE SUNSET RD	CABLE 54821


**Property Assessment**
Updated: 6/17/2020

2021 Assessment Detail			
Code	Acres	Land	Imp.
G1-RESIDENTIAL	1.000	10,000	118,800
G6-PRODUCTIVE FOREST	39.000	74,100	0

2-Year Comparison	2020	2021	Change
Land:	84,100	84,100	0.0%
Improved:	118,800	118,800	0.0%
Total:	202,900	202,900	0.0%

Property History
N/A



Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **New (21-161S)**  
SIGN –  
SPECIAL **(A)** – **X** (Tw of Cable 9/17/2021)  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **21-0330** Issued To: **Holly Family Irrevocable Trust**

Location: **SW** ¼ of **SW** ¼ Section **23** Township **43** N. Range **8** W. Town of **Cable**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential: [ 1 - Story, Residence (27' x 37'); Deck (8' x 12') = 1,095 sq. ft.] Height of 12'**  
**(Disclaimer): Any future expansions or development would require additional permitting.**

**Condition(s): Build as Proposed. Get required UDC Inspections**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler, AZA**

Authorized Issuing Official

**October 10, 2021**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #: 21-0347  
Date: 2/10-21  
Amount Paid: 75.00  
Other:  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER									
Owner's Name: MARY McCORMICK			Mailing Address: 42240 Evergreen Ct			City/State/Zip: Cable WI 54821		Telephone: 715 798 4101	
Address of Property: 42240 Evergreen Ct.			City/State/Zip: Cable, WI 54821			Cell Phone:			
Email: (print clearly) none									
Contractor: Old Hickory Bldgs			Contractor Phone:		Plumber: N/A		Plumber Phone:		
Authorized Agent: (Person Signing Application on behalf of Owner(s))			Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Required (for Agent)		
PROJECT LOCATION Lot 1, CSM 1383 V.8 P226 of Legal Description: (Use Tax Statement) Lot 68990			Tax ID# 10630			Recorded Document: (Showing Ownership) 927 978			
1/4, 1/4		Gov't Lot	Lot(s) 1	CSM 1383	Vol & Page V8 P226	CSM Doc # 1383	Lot(s) # 1	Block #	Subdivision: Southridge Add'n to Wild River Dev.
Section 22, Township 43 N, Range 7 W			Town of: Cable			Lot Size		Acreage 1.570	

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 11,600	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: Conv. Septic	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input checked="" type="checkbox"/> 91485	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		<input checked="" type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> Shed ONLY	1	<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
			<input type="checkbox"/> ON SKIDS		<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 10	Width: 24	Height: 11

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
<input type="checkbox"/> Commercial Use		with a Deck	( X )	
		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date)	( X )	
	<input type="checkbox"/>	Addition/Alteration (explain)	( X )	
	<input checked="" type="checkbox"/>	Accessory Building (explain) STORAGE SHED-PORTABLE ON SKIDS	( 10'2" X 24'3" )	242
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	( X )	
	<input type="checkbox"/>	Special Use: (explain)	( X )	
	<input type="checkbox"/>	Conditional Use: (explain)	( X )	
	<input type="checkbox"/>	Other: (explain)	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature]  
(If there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)

Date 9-26-2021

Authorized Agent: \_\_\_\_\_ (See Note below)  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date \_\_\_\_\_

Address to send permit \_\_\_\_\_

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over



In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (\*):

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*):

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*):

(\*) Wetlands; or (\*) Slopes over 20%

Fill Out in Ink – NO PENCIL

note: I own all  
lots 86, 87, 88, 89, 90, 91

See attached  
drawing

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	110' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet		
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	129' Feet	Setback to Well	188' Feet
Setback to Drain Field	70' Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

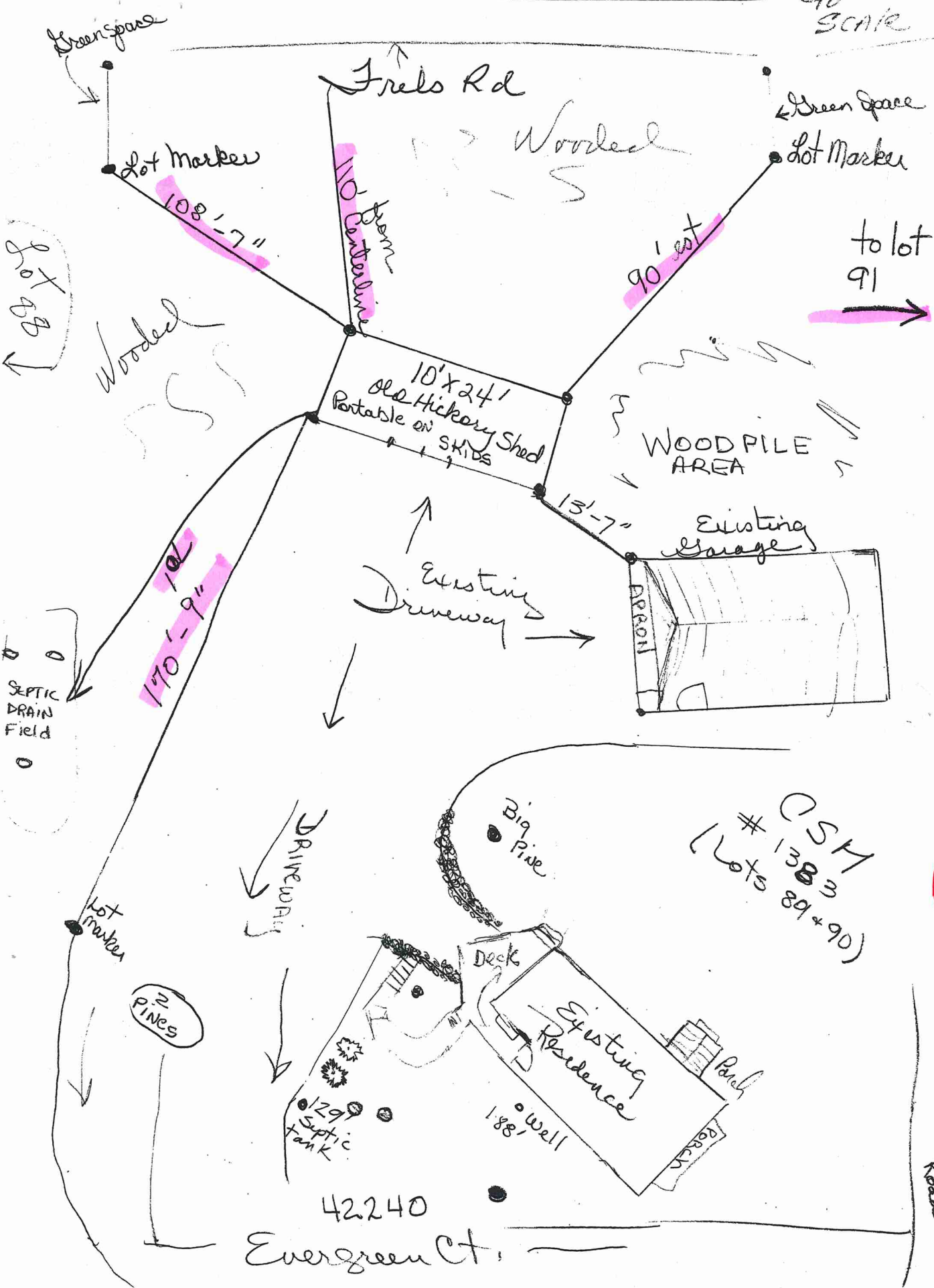
If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 21-0347	Permit Date: 10-19-21		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Affidavit Required Affidavit Attached
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Landowner on site - showed staked center ownership (TAX 10633)	Zoning District (R-1) Lakes Classification (N/A)		
Date of Inspection: 10/14/21	Inspected by: [Signature]	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) - Build as proposed - Not for Human Habitation or sleeping - If pressurized water enters structure get septic permits			
Signature of Inspector: [Signature]		Date of Approval: 10/19/21	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

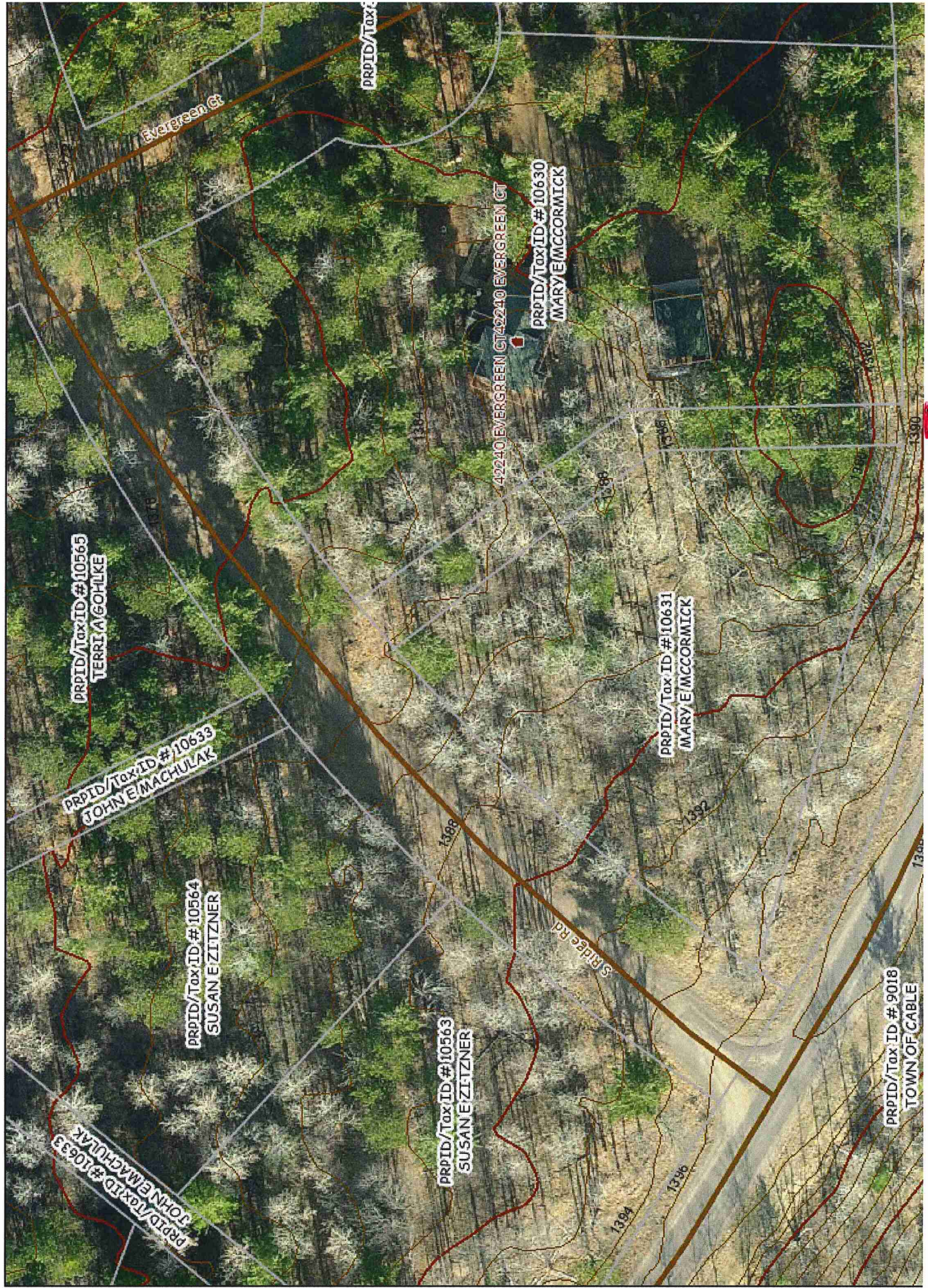
Town Shop

not  
to  
scale





# Bayfield County, WI






Description	Updated: 2/25/2021
Tax ID:	10631
PIN:	04-012-2-43-07-22-4 00-285-91000
Legacy PIN:	012122504000
Map ID:	
Municipality:	(012) TOWN OF CABLE
STR:	S22 T43N R07W
Description:	SOUTHRIDGE ADDITION TO WILDE RIVER LOT 91 1757
Recorded Acres:	0.820
Calculated Acres:	0.861
Lottery Claims:	0
First Dollar:	No
Zoning:	(R-RB) Residential-Recreational Business
ESN:	108

Tax Districts	Updated: 3/15/2006
	STATE
14	COUNTY
12	TOWN OF CABLE
141491	SCHL-DRUMMOND
101700	TECHNICAL COLLEGE

Recorded Documents	Updated: 3/15/2006
CONVERSION	
Date Recorded:	460620 787-253

Ownership	Updated: 2/25/2021
MARY E MCCORMICK	CABLE WI
Billing Address:	Mailing Address:
MARY E MCCORMICK	MARY E MCCORMICK
42240 EVERGREEN CT	42240 EVERGREEN CT
CABLE WI 54821	CABLE WI 54821

Site Address	* indicates Private Road
N/A	


**Property Assessment**

Updated: 6/17/2020

2021 Assessment Detail			
Code	Acres	Land	Imp.
G1-RESIDENTIAL	0.820	2,500	0
2-Year Comparison			
	2020	2021	Change
Land:	2,500	2,500	0.0%
Improved:	0	0	0.0%
Total:	2,500	2,500	0.0%

Property History
N/A



Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **21-0347** Issued To: **Mary McCormick**

Location:  $\frac{1}{4}$  of  $\frac{1}{4}$  Section **22** Township **43** N. Range **7** W. Town of **Cable**

Gov't Lot Lot **1** Block Subdivision CSM# **1383**

For: **Residential Accy: [ 1- Story; Storage Shed (10' x 24') = 242 sq. ft. ] Height of 11'**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s): Build as Proposed. Not for Human Habitation or Sleeping Purposes. If pressurized water enters structure a sanitary permit is required.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Tracy Pooler, AZA**

Authorized Issuing Official

**October 21, 2021**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)  
**RECEIVED**  
SEP 22 2021

Permit #:	21-0341
Date:	10-13-21
Amount Paid:	Deck 75 - 9/23/21
Other:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application **MUST** be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED	LAND USE	SANITARY	PRIVY	CONDITIONAL USE	SPECIAL USE	B.O.A.	OTHER				
Owner's Name:	James & Deanne Arnold		Mailing Address:	15235 McAully Rd		City/State/Zip:	Cable, WI 54821	Telephone:			
Address of Property:	15235 McAully Rd		City/State/Zip:	Cable, WI 54821				Cell Phone: (715) 699-9222			
Email: (print clearly)	jamiearnold1264@gmail.com										
Contractor:	Ken Dumont		Contractor Phone:	(715) 671-3102		Plumber:	Plumber Phone:				
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Mike Furtak		Agent Phone:	(715) 817-2034		Agent Mailing Address (include City/State/Zip):	6173 Iron Lake Rd, Cable, WI 54821				
PROJECT LOCATION	Legal Description: (Use Tax Statement)		Tax ID#	8381		Recorded Document: (Showing Ownership)	2021R 586897				
Section	4	Township	43	N, Range	7	W	Town of	Cable	Lot Size	Acres	5.33

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) is on the property or Will be on the property?	Type of Water on property
\$12,000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Existing) Specify Type: <u>CONV</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if addition, alteration or business is being applied for)	Length: _____	Width: _____	Height: _____
Proposed Construction: (overall dimensions)	Length: 30' 8" / 19' 5 21/32"	Width: 16' 4"	Height: _____

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
		with a Deck	( X )	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping )	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date)	( X )	
	<input checked="" type="checkbox"/>	Addition/Alteration (explain) <u>deck</u>	30' 8" x 16'	490.56
	<input type="checkbox"/>	Accessory Building (explain)	19' 5 21/32" x 8' 4"	162.43
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	8' x 8'	652.99
	<input type="checkbox"/>	Special Use: (explain)	( X )	
	<input type="checkbox"/>	Conditional Use: (explain)	( X )	
	<input type="checkbox"/>	Other: (explain)	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Mike Furtak (See Note below)  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 15235 McAully Rd, Cable, WI 54821

Date \_\_\_\_\_

Date 9-15-2021

Attach  
Copy of Tax Statement ✓

If you recently purchased the property send your Recorded Deed

Turn Over



In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

(2) Show / Indicate:

(3) Show Location of (\*):

(4) Show:

(5) Show:

(6) Show any (\*):

(7) Show any (\*):
- Proposed Construction

North (N) on Plot Plan

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(\*) Wetlands; or (\*) Slopes over 20%

Fill Out in Ink – NO PENCIL

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements			Description	Setback Measurements	
Setback from the <b>Centerline of Platted Road</b>	225	Feet		Setback from the <b>Lake</b> (ordinary high-water mark)	NA	Feet
Setback from the <b>Established Right-of-Way</b>	190	Feet		Setback from the <b>River, Stream, Creek</b>	NA	Feet
				Setback from the <b>Bank or Bluff</b>	NA	Feet
Setback from the <b>North Lot Line</b> <i>Town Rd</i>	NA	Feet				
Setback from the <b>South Lot Line</b>	376	Feet		Setback from <b>Wetland</b>	NA	Feet
Setback from the <b>West Lot Line</b>	103	Feet		<b>20% Slope Area on the property</b>	X Yes <input type="checkbox"/> No	
Setback from the <b>East Lot Line</b>	208	Feet		Elevation of <b>Floodplain</b>	NA	Feet
Setback to <b>Septic Tank or Holding Tank</b>	20	Feet		Setback to <b>Well</b>	-2	Feet
Setback to <b>Drain Field</b>	70	Feet		<i>from house</i>	16	
Setback to <b>Privy (Portable, Composting)</b>	NA	Feet				

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

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For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

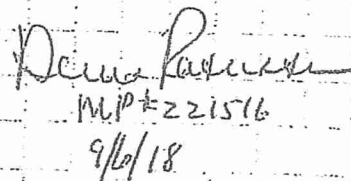
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Issuance Information (County Use Only)	Sanitary Number: 18-1145	# of bedrooms: 3	Sanitary Date: 9/17/18
Permit Denied (Date):	Reason for Denial:		
Permit #: 21-0340	Permit Date: 10-13-21		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:	Zoning District (F-1) Lakes Classification (NA)		
Date of Inspection: 10/5/21	Inspected by: [Signature]	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) - Build as proposed. - Get UDC inspections if required			
Signature of Inspector: [Signature]			Date of Approval: 10/6/21
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>



site: 15235 McAully Rd.







# Bayfield County, WI

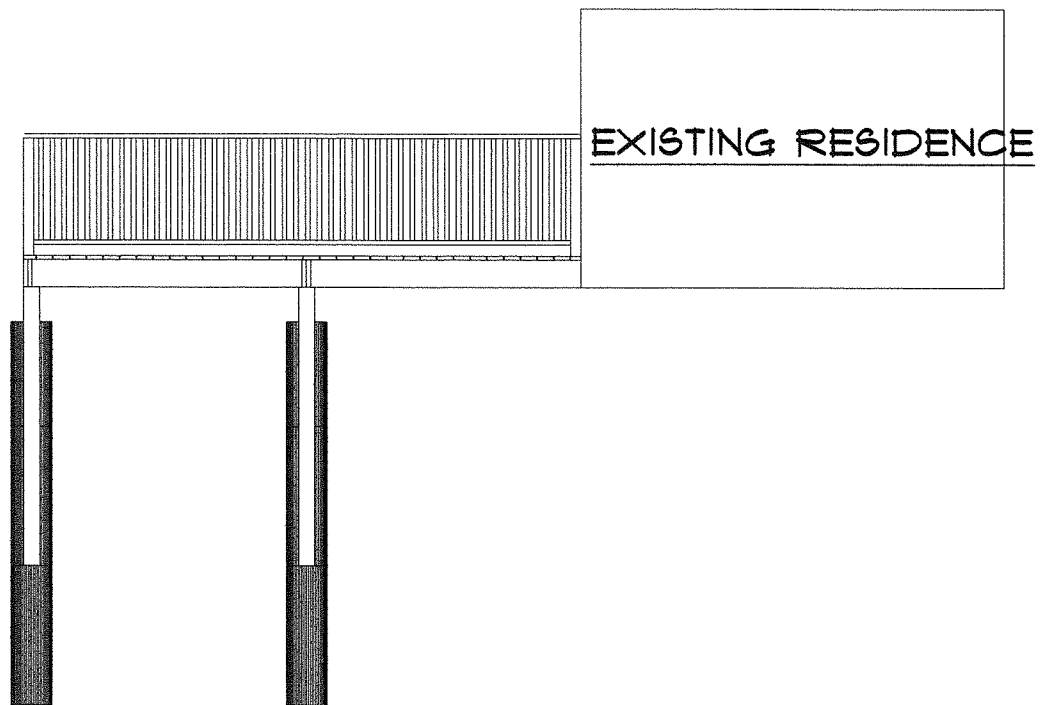




# Bayfield County, WI



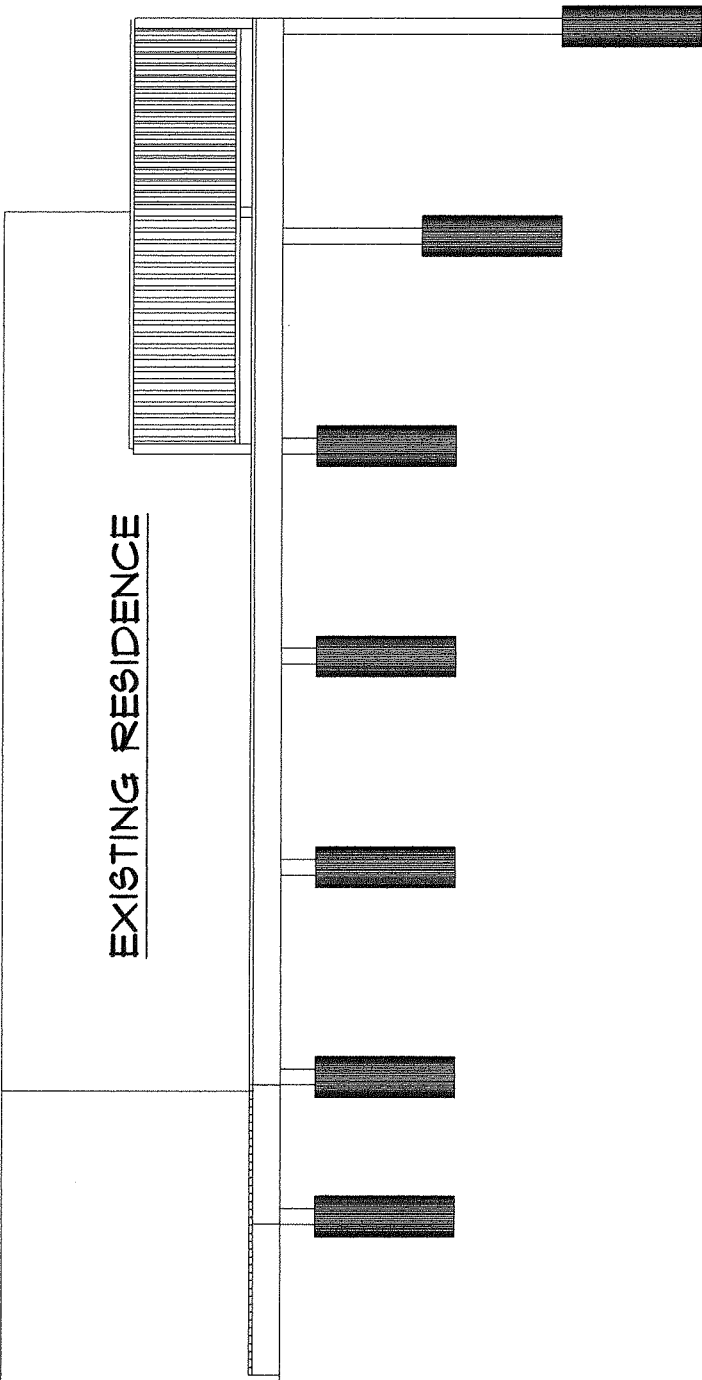






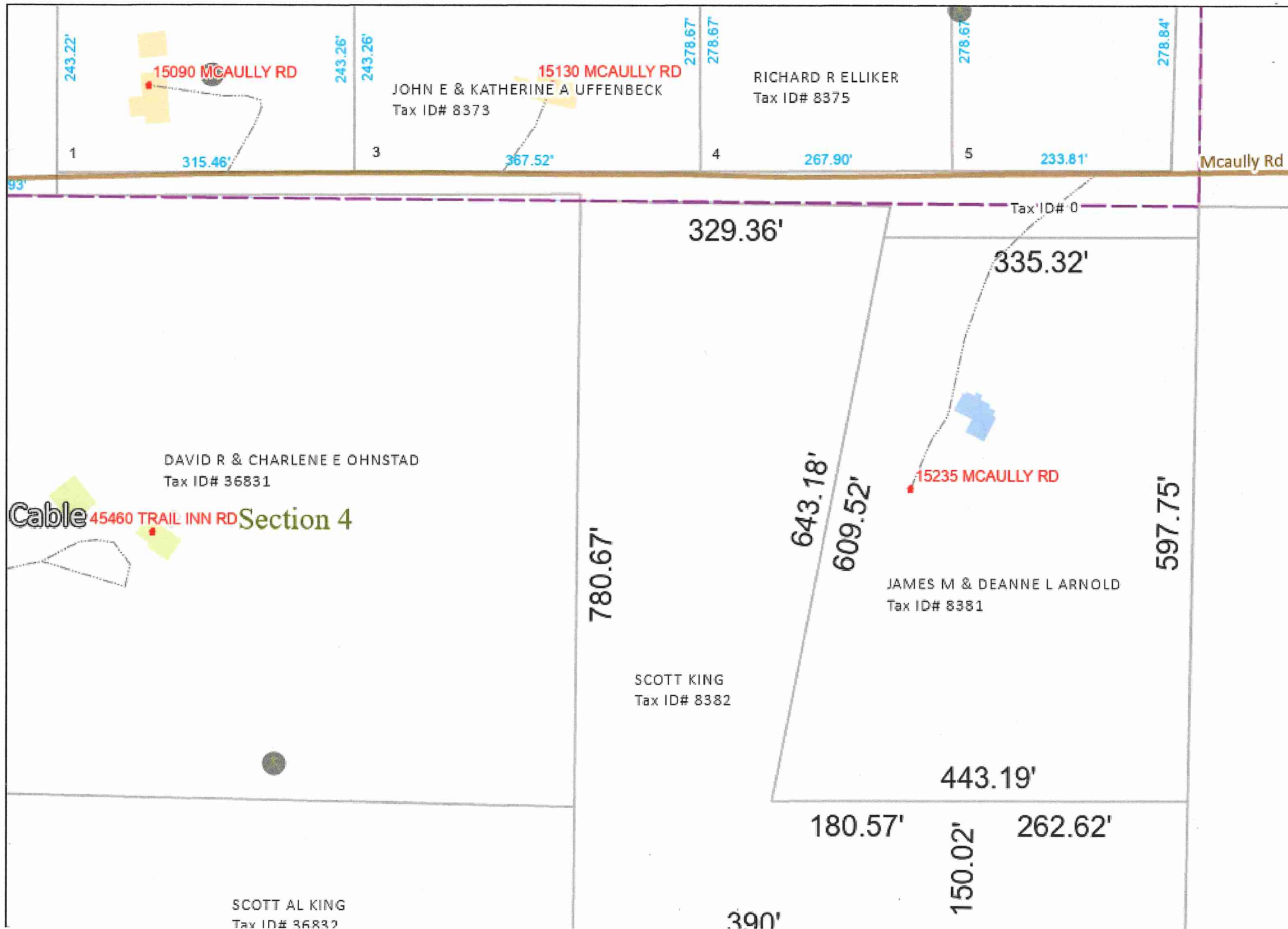








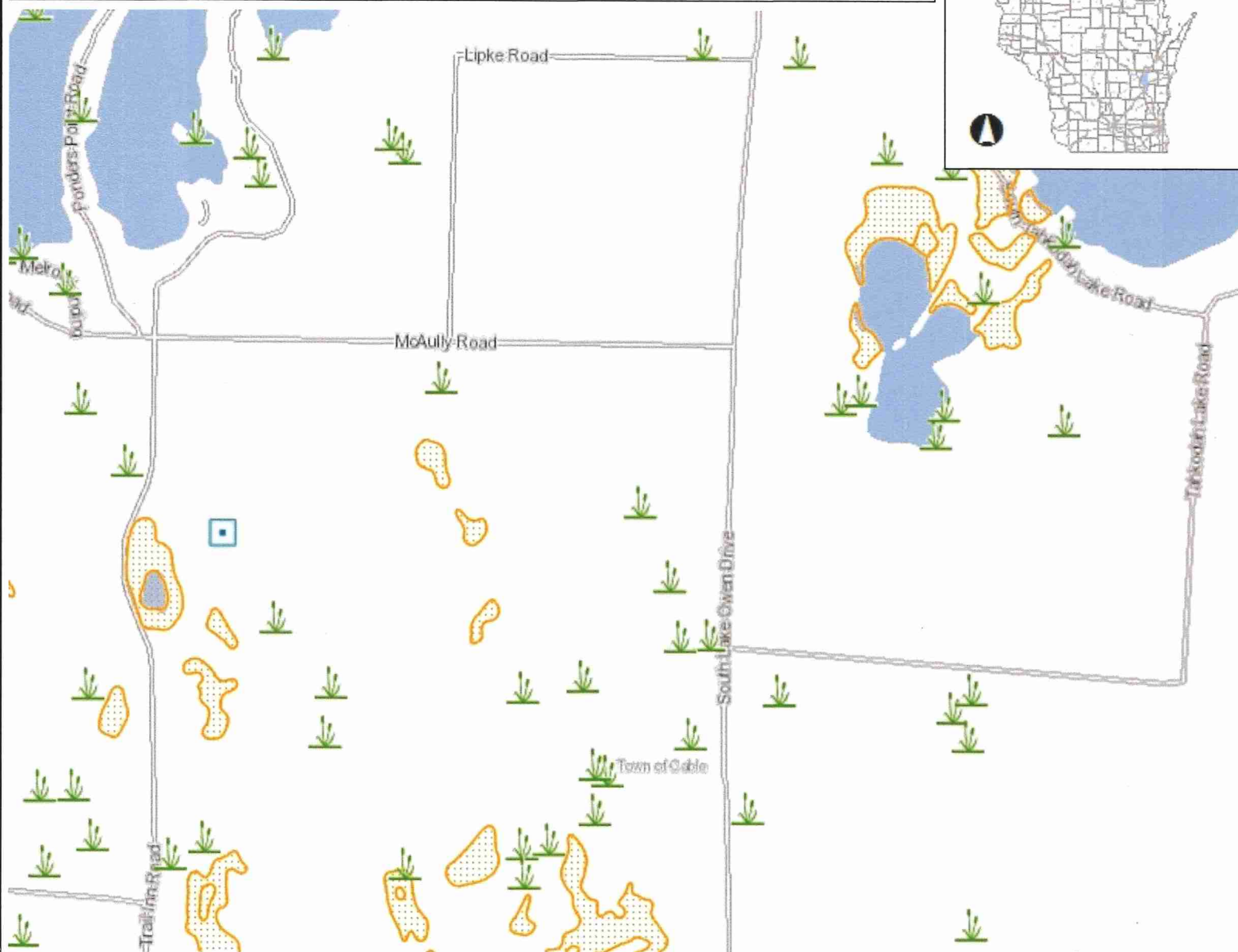
# Bayfield County, WI







# Surface Water Data Viewer Map



## Legend

- Wetland Class Areas
- Wetland Class Points
  - Dammed pond
  - Excavated pond
  - Filled/draind wetland
  - Wetland too small to delineate
  - Filled excavated pond
- Filled Points
- Wetland Class Areas
- Filled Areas
- Wetland Class Areas
- Wetland Class Points
  - Dammed pond
  - Excavated pond
  - Filled/draind wetland
  - Wetland too small to delineate
  - Filled excavated pond
- Filled Points
- Wetland Class Areas
- Filled Areas
- Wetland Identifications and Confirmations
- Municipality
- State Boundaries
- County Boundaries
- Major Roads
  - Interstate Highway
  - State Highway
  - US Highway
- County and Local Roads
  - County HWY
  - Local Road
- Railroads
- Tribal Lands
- Ditches and Streams

0.5 0 0.25 0.5 Miles

NAD\_1983\_HARN\_Wisconsin\_TM

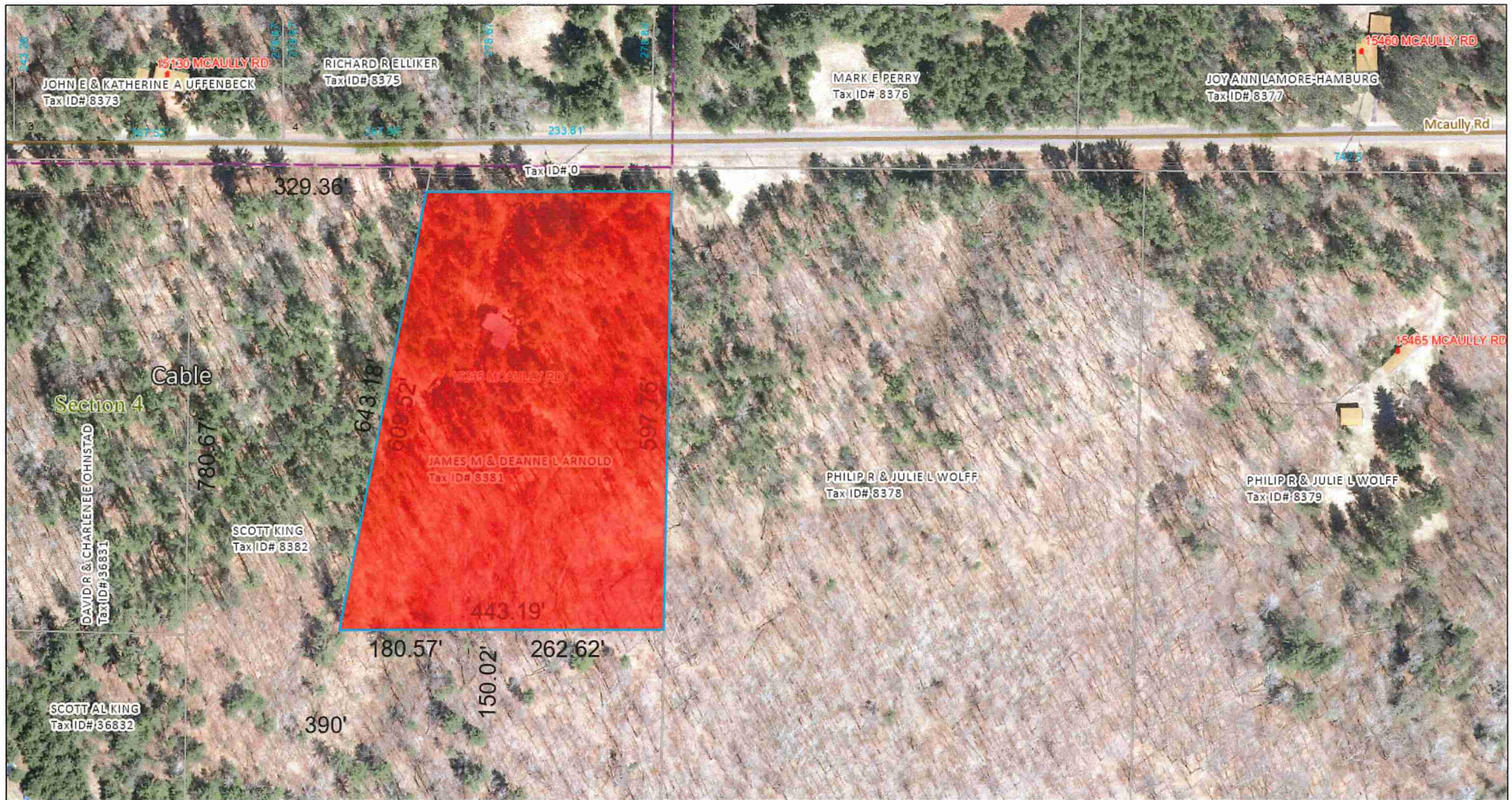
1: 15,840

DISCLAIMER: The information shown on these maps has been obtained from various sources, and are of varying age, reliability and resolution. These maps are not intended to be used for navigation, nor are these maps an authoritative source of information about legal land ownership or public access. No warranty, expressed or implied, is made regarding accuracy, applicability for a particular use, completeness, or legality of the information depicted on this map. For more information, see the DNR Legal Notices web page: <http://dnr.wi.gov/legal/>

## Notes

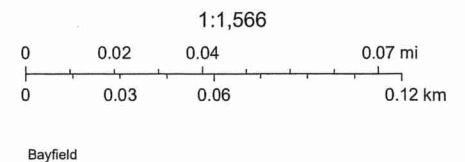


# Bayfield County, WI



8/3/2021, 3:01:45 PM

- |   |  |  |   |
|---|--|--|---|
| <span style="display:inline-block; width:15px; height:15px; background-color:red; border:1px solid black;"></span> Override 1 | <span style="display:inline-block; width:15px; border-bottom:2px solid green;"></span> Section Lines   | <span style="display:inline-block; width:15px; height:15px; background-color:lightblue; border:1px solid black;"></span> Survey Maps             | <span style="display:inline-block; width:15px; height:15px; background-color:yellow; border:1px solid black;"></span> New       |
| <span style="display:inline-block; width:15px; border-bottom:1px solid black;"></span> Tie Lines                              | <span style="display:inline-block; width:15px; border-bottom:1px solid purple;"></span> Government Lot | <span style="display:inline-block; width:15px; height:15px; background-color:black; border:1px solid black;"></span> Recorded Map                | <span style="display:inline-block; width:15px; border-bottom:1px solid black;"></span> Driveways                                |
| <span style="display:inline-block; width:15px; border-bottom:1px dashed black;"></span> Meander Lines                         | <span style="display:inline-block; width:15px; border:1px solid black;"></span> Municipal Boundary     | <span style="display:inline-block; width:15px; height:15px; background-color:blue; border:1px solid black;"></span> Building Footprint 2009-2015 | <span style="display:inline-block; width:15px; height:15px; background-color:yellow; border:1px solid black;"></span> Buildings |
| <span style="display:inline-block; width:15px; border:1px solid black;"></span> Approximate Parcel Boundary                   | <span style="display:inline-block; width:15px; border-bottom:2px solid brown;"></span> All Roads       | <span style="display:inline-block; width:15px; height:15px; background-color:blue; border:1px solid black;"></span> Changed                      |   |
|   | <span style="display:inline-block; width:15px; border-bottom:2px solid brown;"></span> Town            | <span style="display:inline-block; width:15px; height:15px; background-color:yellow; border:1px solid black;"></span> Existing                   |   |





## Zoning Consulting/Real Estate Services LLC Disclosure

1. I (we) acknowledge that North Star Realtors and John Podlesny, (John Podlesny owner of North Star Realtors), have no interest in Zoning Consulting/Real Estate Services LLC as Zoning Consulting/Real Estate Services LLC and Mike Furtak, owner of Zoning Consulting/Real Estate Services LLC are completely independent of North Star Realtors for this zoning application transaction.
2. Mike Furtak is a licensed Realtor in Wisconsin working as a sales associate for North Star Realtors.
3. I (we) grant permission to Mike Furtak and all vendors whose services are required to obtain the desired zoning permits access to the subject property/properties.
4. I (we) authorize Mike Furtak of Zoning Consulting/Real Estate Services LLC to act as our agent to represent our interests during the application process to obtain the required zoning permit(s).
5. I (we) acknowledge that we are responsible for all costs of services provided by vendors and/or other entities to obtain the required permit(s).
6. I (we) hereby understand that by contracting Mike Furtak and Zoning Consulting/Real Estate Services LLC there is **NO GUARANTEE** the desired permit(s) will be approved by the issuing authorities. Additionally there is no guarantee to the timeframe for the issuance of permits.
7. It is the responsibility of the property owner/contractor/plumber to obtain a Uniform Dwelling Code (UDC) or sanitary permit if required.
8. Mike Furtak and Zoning Consulting /Real Estate Services LLC are only responsible to attempt to gain issuance of the necessary Land Use permit as agreed to. Mike Furtak and Zoning Consulting/Real Estate Services LLC will not act as a general contractor or project manager.

The undersigned parties have read and understand the above terms of this disclosure and agree to abide by all terms.

Signature James Arnold  
Print Name: James Arnold

Date 8-15-21

Signature Dee Arnold  
Print Name: Dee Arnold

Date 8-15-21



# Real Estate Bayfield County Property Listing

Today's Date: 8/3/2021

Property Status: Current

Created On: 3/15/2006 1:15:04 PM

## Description Updated: 3/11/2021

**Tax ID:** 8381  
**PIN:** 04-012-2-43-07-04-3 02-000-20000  
 Legacy PIN: 012100901000  
 Map ID:  
 Municipality: (012) TOWN OF CABLE  
 STR: S04 T43N R07W  
 Description: PAR IN E 1/2 NW SW IN DOC 2021R-586897 80B  
 Recorded Acres: 5.330  
 Calculated Acres: 5.342  
 Lottery Claims: 1  
 First Dollar: Yes  
 Zoning: (F-1) Forestry-1  
 ESN: 108

## Tax Districts Updated: 3/15/2006

1 STATE  
 04 COUNTY  
 012 TOWN OF CABLE  
 041491 SCHL-DRUMMOND  
 001700 TECHNICAL COLLEGE

## Recorded Documents Updated: 3/15/2006

**WARRANTY DEED**  
 Date Recorded: 2/3/2021 2021R-586897  
**LAND CONTRACT**  
 Date Recorded: 4/26/2019 2019R-577212  
**WARRANTY DEED**  
 Date Recorded: 1/15/2018 2018R-571562  
**TERMINATION OF DECEDENT'S INTEREST**  
 Date Recorded: 1/15/2018 2018R-571561  
**CONVERSION**  
 Date Recorded: 319-502;362-151;536-254  
**WARRANTY DEED**  
 Date Recorded: 8/8/1991 393652 526-254

## Ownership Updated: 7/1/2020

**JAMES M & DEANNE L ARNOLD** CABLE WI

**Billing Address:**  
**JAMES M & DEANNE L ARNOLD**  
 15235 MCAULLY RD  
 CABLE WI 54821

**Mailing Address:**  
**JAMES M & DEANNE L ARNOLD**  
 15235 MCAULLY RD  
 CABLE WI 54821

## Site Address \* indicates Private Road

15235 MCAULLY RD CABLE 54821

## Property Assessment Updated: 6/17/2020

### 2021 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	2.000	15,000	86,400
G6-PRODUCTIVE FOREST	3.330	7,000	0

2-Year Comparison	2020	2021	Change
Land:	22,000	22,000	0.0%
Improved:	86,400	86,400	0.0%
Total:	108,400	108,400	0.0%

## Property History

N/A

30' x 50' garage  
 32' x 32' 40' x 28' \$50,000  
 \$400  
 Deck \$12,000 \$75

Jamie Arnold 715-699-9222

jamiearnold1264@gmail.com

Q 225' Row 190'  
 E PL 165' W. PL 95'-deck  
 375'-garage  
 S. PL  
 240' to E side house

0341 Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **21-0341** Issued To: **James & Deanne Arnold**

Part in E ½ of the

Location: **NW** ¼ of **SW** ¼ Section **4** Township **43** N. Range **7** W. Town of **Cable**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential Addition: [ 1- Story ]; Irregular Deck North - (30' x 16'); Pie Shaped East - (8' x 16' x 19').**

**(Disclaimer):** Any future expansions or development would require additional permitting.

Condition(s): **Build as Proposed. Get UDC Inspections (if required)**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Tracy Pooler, AZA**

Authorized Issuing Official

**October 13, 2021**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	21-0318
Date:	9-26-2021
Amount Paid:	450-9-1-21
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Richard & Amy Cochrane				Mailing Address: 7116 Coachwood Rd				City/State/Zip: Woodbury, MN 55125				Telephone: (612) 414-1024			
Address of Property: 42134 Sassafras Ct				City/State/Zip: Cable, WI 54821								Cell Phone:			
Contractor: Scott Byrd (715) 492-4184				Contractor Phone:				Plumber: Strands Plumbing (715) 558-1673				Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Mike Fortak				Agent Phone: (715) 817-2034				Agent Mailing Address (include City/State/Zip): 6173 Iron Lake Rd Iron River, WI 54847				Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)						Tax ID# 10580		Recorded Document: (Showing Ownership) 2021R 586351					
1/4, 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) # 39		Block #	
Section 22, Township 43 N, Range 7 W								Town of: Cable				Subdivision: Southridge Add to W.R.		Lot Size Acreage .960	

<input checked="" type="checkbox"/> Shoreland →	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : 300+ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) is on the property or Will be on the property?	Type of Water on property
\$150,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type:	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type:	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 40	Width: 22	Height: 14

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.) main cabin	( 30x22 )	660
		with Loft Bedroom	( 14x10 )	140
		with a Porch (mudroom)	( 4x7 )	28
		with (2nd) Porch	( X )	828
<input type="checkbox"/> Commercial Use		with a Deck	( X )	
		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date)	( X )	
	<input type="checkbox"/>	Addition/Alteration (explain)	( X )	
	<input type="checkbox"/>	Accessory Building (explain)	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	( X )	
	<input type="checkbox"/>	Special Use: (explain)	( X )	
	<input type="checkbox"/>	Conditional Use: (explain)	( X )	
	<input type="checkbox"/>	Other: (explain)	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date

Authorized Agent: Mike Fortak  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 8-21-2021

Address to send permit Richard Cochrane, 7116 Coachwood Rd,  
Woodbury, MN 55125

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted



In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (\*):

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*):

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*):

(\*) Wetlands; or (\*) Slopes over 20%

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Sassafos CUL-de-Sac			
Setback from the <del>Centerline of Platted Road</del>	90 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	42 Feet	Setback from the River, Stream, Creek	300'± Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	185 Feet		
Setback from the South Lot Line <u>ROW</u>	NA Feet	Setback from Wetland	250'± Feet
Setback from the West Lot Line	45 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	35 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	TBD Feet	Setback to Well	TBD Feet
Setback to Drain Field	TBD Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

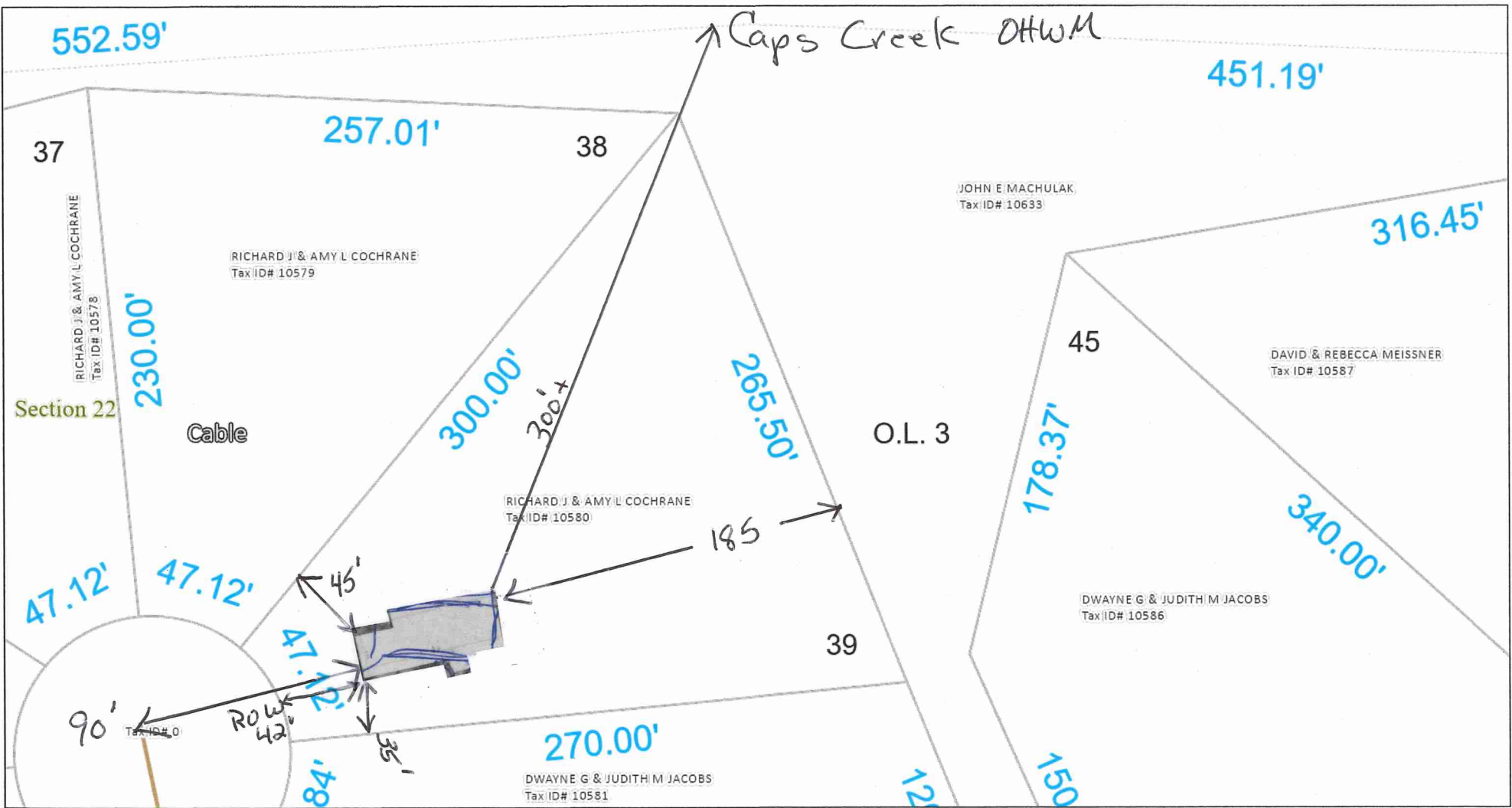
**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 21-156AS	# of bedrooms: 2	Sanitary Date: 9-26-2021
Permit Denied (Date):	Reason for Denial:		
Permit #: 21-0318	Permit Date: 9-26-2021		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Septic & WUP on Different Now same	Zoning District: RRB		Lakes Classification: 3
Date of Inspection: 9/8/21	Inspected by: [Signature]	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) - Build as proposed - Keep all attributes on same parcel or get CSM to merge other lot - G-67 required WUP Inspections			
Signature of Inspector: [Signature]		Date of Approval: 9/17/21	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

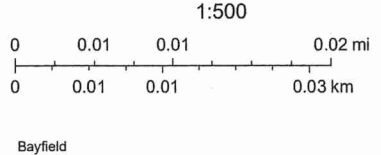


Bayfield County, WI



8/24/2021, 10:24:45 AM

- Rivers
- Tie Lines
- Meander Lines
- Approximate Parcel Boundary
- Section Lines
- Municipal Boundary
- All Roads
- Town







Cap Creek

BAYFIELD COUNTY  
Tax ID# 36638

552.59'

### O.L. 3

257.01'

72.00

37

82

301.17'

RICHARD J & AMY L COCHRANE  
Tax ID# 10579

230.00'

RICHARD J & AMY L COCHRANE  
Tax ID# 10578

36

773.621

300.00

RICHARD J & AMY L COCHRANE  
Tax ID# 10580

325.871

245.16'

Section 22

100.00

RICHARD J & AMY L COCHRANE  
Tax ID# 10577

O.L. 2

47.12'

47.72'

30

261.33'

JOHN M & RITA J  
Tax ID# 10571

JOHN E MACH  
Tax ID# 10637

226.26'

PATRICIA M STRATMAN  
Tax ID# 10576

50.03, 47.89  
68.77, 60.05

Tax ID# 0

49.84

270.00'

DWAYNE G & JUDITH M JACOBS  
Tax ID# 10581

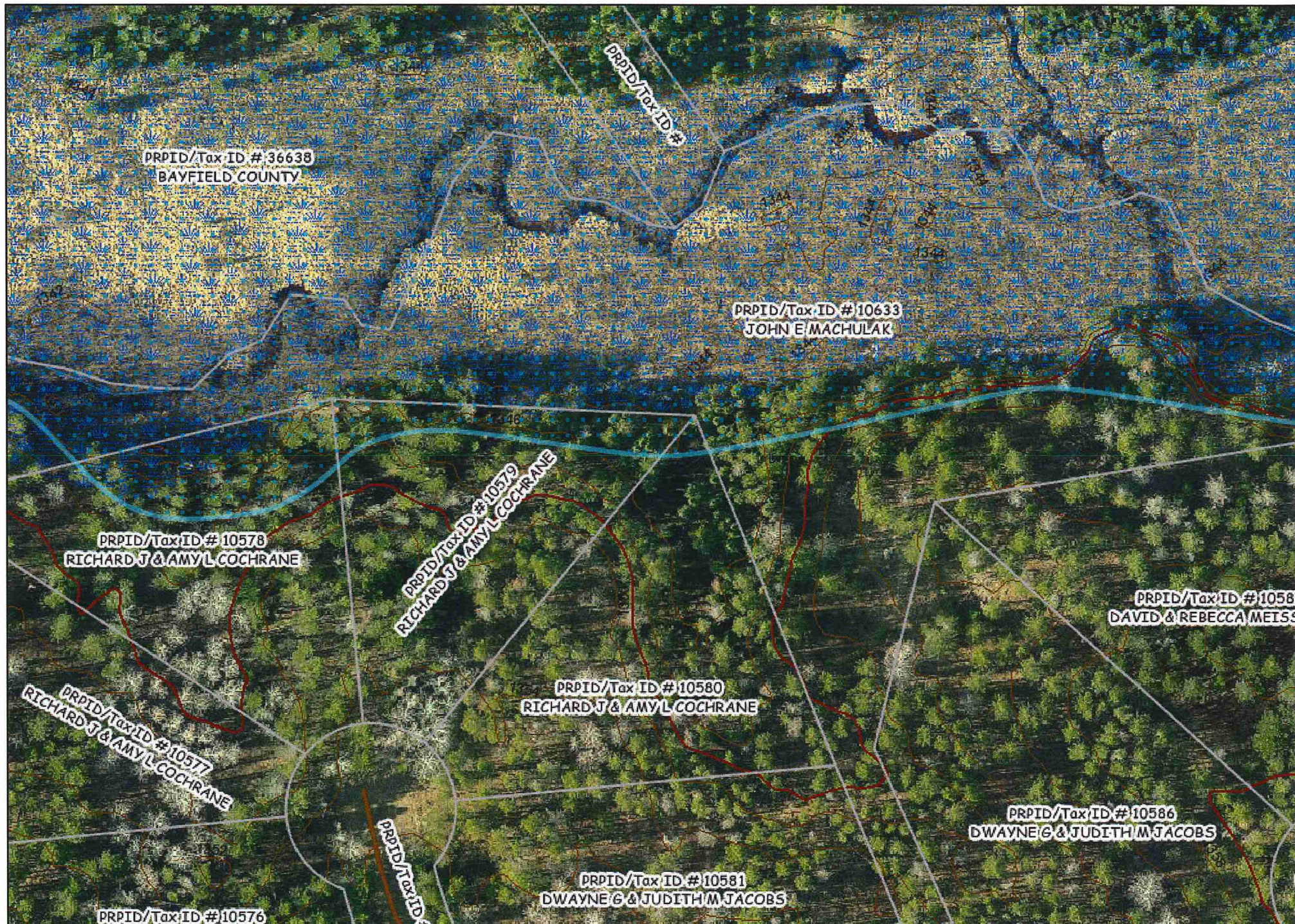
190

143.9

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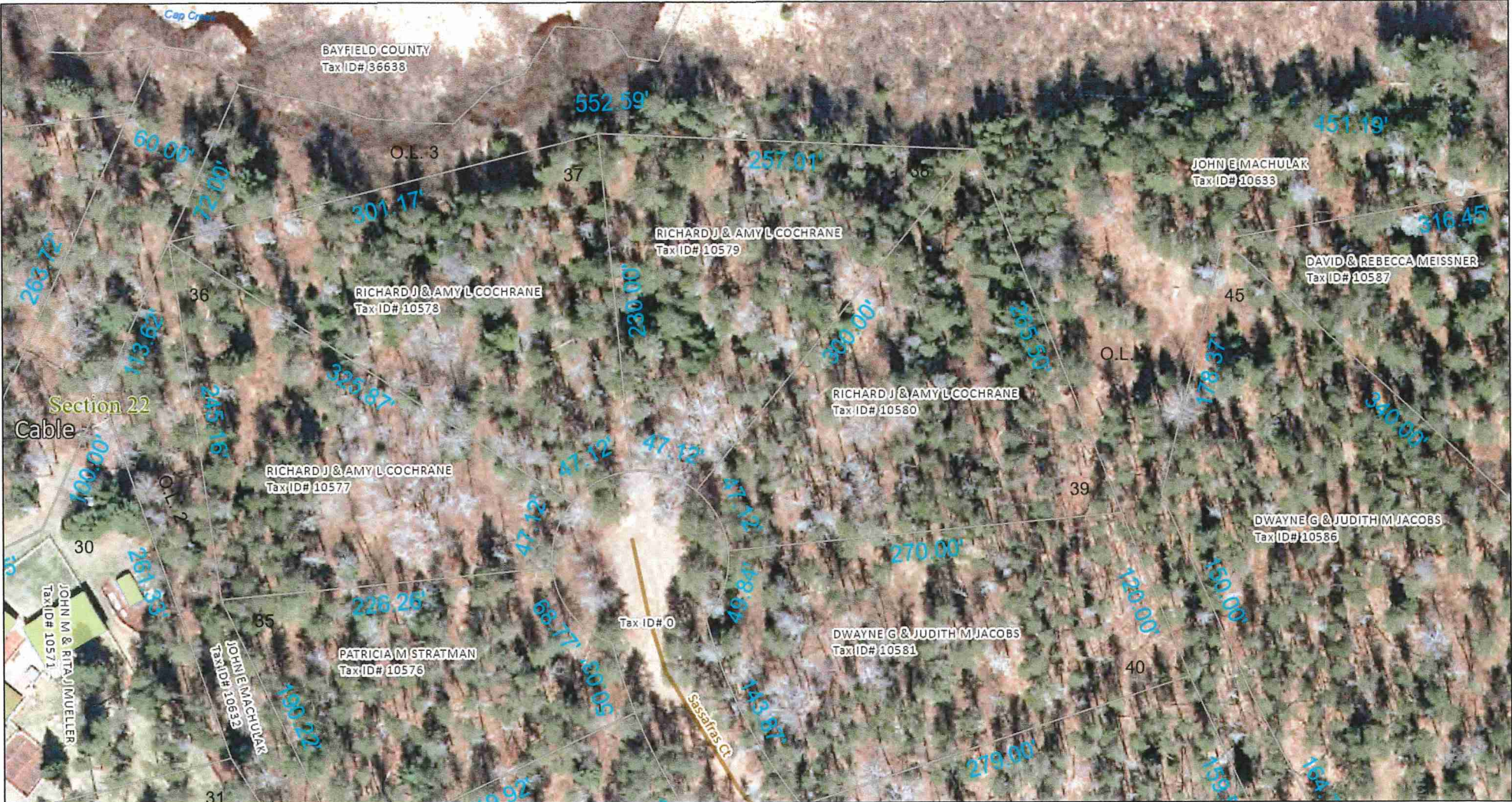


# Bayfield County, WI



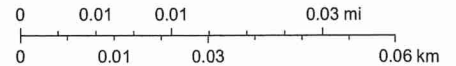


# Bayfield County, WI



8/10/2021, 10:47:08 AM

1:783



Bayfield




## Zoning Consulting/Real Estate Services LLC Disclosure

1. I (we) acknowledge that North Star Realtors and John Podlesny, (John Podlesny owner of North Star Realtors), have no interest in Zoning Consulting/Real Estate Services LLC as Zoning Consulting/Real Estate Services LLC and Mike Furtak, owner of Zoning Consulting/Real Estate Services LLC are completely independent of North Star Realtors for this zoning application transaction.
2. Mike Furtak is a licensed Realtor in Wisconsin working as a sales associate for North Star Realtors.
3. I (we) grant permission to Mike Furtak and all vendors whose services are required to obtain the desired zoning permits access to the subject property/properties.
4. I (we) authorize Mike Furtak of Zoning Consulting/Real Estate Services LLC to act as our agent to represent our interests during the application process to obtain the required zoning permit(s).
5. I (we) acknowledge that we are responsible for all costs of services provided by vendors and/or other entities to obtain the required permit(s).
6. I (we) hereby understand that by contracting Mike Furtak and Zoning Consulting/Real Estate Services LLC there is **NO GUARANTEE** the desired permit(s) will be approved by the issuing authorities. Additionally there is no guarantee to the timeframe for the issuance of permits.
7. It is the responsibility of the property owner/contractor/plumber to obtain a Uniform Dwelling Code (UDC) or sanitary permit if required.
8. Mike Furtak and Zoning Consulting /Real Estate Services LLC are only responsible to attempt to gain issuance of the necessary Land Use permit as agreed to. Mike Furtak and Zoning Consulting/Real Estate Services LLC will not act as a general contractor or project manager.

The undersigned parties have read and understand the above terms of this disclosure and agree to abide by all terms.

Signature   
Print Name: Richard J. Cochrane

Date 8/12/2021

Signature   
Print Name: Amy L. Cochrane

Date 8. 12. 2021



# Real Estate Bayfield County Property Listing

Today's Date: 8/24/2021

Property Status: Current

Created On: 3/15/2006 1:15:09 PM



## Description

Updated: 1/28/2021

**Tax ID:** 10580  
**PIN:** 04-012-2-43-07-22-4 00-285-39000  
**Legacy PIN:** 012122002000  
**Map ID:**  
**Municipality:** (012) TOWN OF CABLE  
**STR:** S22 T43N R07W  
**Description:** SOUTHRIDGE ADDITION TO WILDE RIVER LOT 39 IN DOC 2021R-586351 1705  
**Recorded Acres:** 0.960  
**Calculated Acres:** 0.932  
**Lottery Claims:** 0  
**First Dollar:** No  
**Zoning:** (R-RB) Residential-Recreational Business  
**ESN:** 108



## Tax Districts

Updated: 3/15/2006

1 STATE  
04 COUNTY  
012 TOWN OF CABLE  
041491 SCHL-DRUMMOND  
001700 TECHNICAL COLLEGE



## Recorded Documents

Updated: 3/15/2006

### WARRANTY DEED

Date Recorded: 1/5/2021 2021R-586351

### WARRANTY DEED

Date Recorded: 9/26/2007 2007R-516515 979-968

### WARRANTY DEED

Date Recorded: 5/10/2006 2006R-506635 944-19

### CONVERSION

Date Recorded: 458185 782-306



## Ownership

Updated: 1/28/2021

RICHARD J & AMY L COCHRANE

WOODBURY MN

### Billing Address:

RICHARD J & AMY L COCHRANE  
7116 COACHWOOD RD  
WOODBURY MN 55125

### Mailing Address:

RICHARD J & AMY L COCHRANE  
7116 COACHWOOD RD  
WOODBURY MN 55125



Site Address \* indicates Private Road

N/A



## Property Assessment

Updated: 6/17/2020

### 2021 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	0.960	2,900	0

### 2-Year Comparison

	2020	2021	Change
Land:	2,900	2,900	0.0%
Improved:	0	0	0.0%
Total:	2,900	2,900	0.0%



## Property History

N/A

Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X (Shoreland)**

SANITARY – **21-156S**

SIGN –

SPECIAL –

CONDITIONAL –

BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **21-0318** Issued To: **Richard & Amy Cochrane**

Location:  $\frac{1}{4}$  of  $\frac{1}{4}$  Section **22** Township **43** N. Range **7** W. Town of **Cable**

Gov't Lot Lot **39** Block Subdivision **Southridge Addition to Wilde River** CSM#

For: **Residential: [ 1.5 - Story; Residence (30' x 22'); Loft (14'x10'); Mudroom (4'x7') = 828 sq. ft. ] at a Height of 14'**  
**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s): Build as Proposed. Keep all attributes on same parcel or get a CSM to merge other lot. Get required UDC Inspections.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**September 26, 2021**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)  
**RECEIVED**  
SEP 22 2021  
Bayfield Co.  
Planning and Zoning Agency

Permit #:	21-0332
Date:	10-10-21
Amount Paid:	75 9-23-21 clark
Other:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		James & Deanne Arnold		Mailing Address:		15235 McAully Rd		City/State/Zip: Cable, WI 54821	
Address of Property:		15235 McAully Rd		City/State/Zip:		Cable, WI 54821		Telephone:	
Email: (print clearly)		jamiearnold264@gmail.com		Contractor Phone:		(715) 671-3102		Cell Phone: (715) 699-9222	
Contractor:		Ken Dument		Plumber:				Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Mike Furtak (715)		Agent Phone:		817-2034		Agent Mailing Address (include City/State/Zip): 6173 Iron Lake Rd, WI 54847	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID#		8381		Recorded Document: (Showing Ownership) 2021R 586899	
Section 4		Township 43		N, Range 7		W		Town of: Cable	
Lot Size		Acreage		5.33					

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$50,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Conu</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 40	Width: 28	Height: 26

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
<input type="checkbox"/> Commercial Use		with a Deck	( X )	
		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	( X )	
	<input checked="" type="checkbox"/>	Accessory Building (explain) <u>garage</u>	( 40 X 28 )	4120
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	( X )	
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/>	Other: (explain) _____	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Mike Furtak (See Note below)  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 15235 McAully Rd, Cable, WI 54821

Date \_\_\_\_\_

Date 9-15-2021

Attach  
Copy of Tax Statement ✓  
If you recently purchased the property send your Recorded Deed

Turn Over



In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (\*):

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*):

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*):

(\*) Wetlands; or (\*) Slopes over 20%

Fill Out in Ink – NO PENCIL

see attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements		Description	Setback Measurements
Setback from the Centerline of Platted Road	250+ Feet		Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	275 Feet		Setback from the River, Stream, Creek	NA Feet
			Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line ROW	NA Feet			
Setback from the South Lot Line	385+ Feet		Setback from Wetland	NA Feet
Setback from the West Lot Line	140+ Feet		20% Slope Area on the property	X Yes <input type="checkbox"/> No
Setback from the East Lot Line	165+ Feet		Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	40 Feet		Setback to Well	60 Feet
Setback to Drain Field	32+ Feet			
Setback to Privy (Portable, Composting)	NA Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE(s):** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

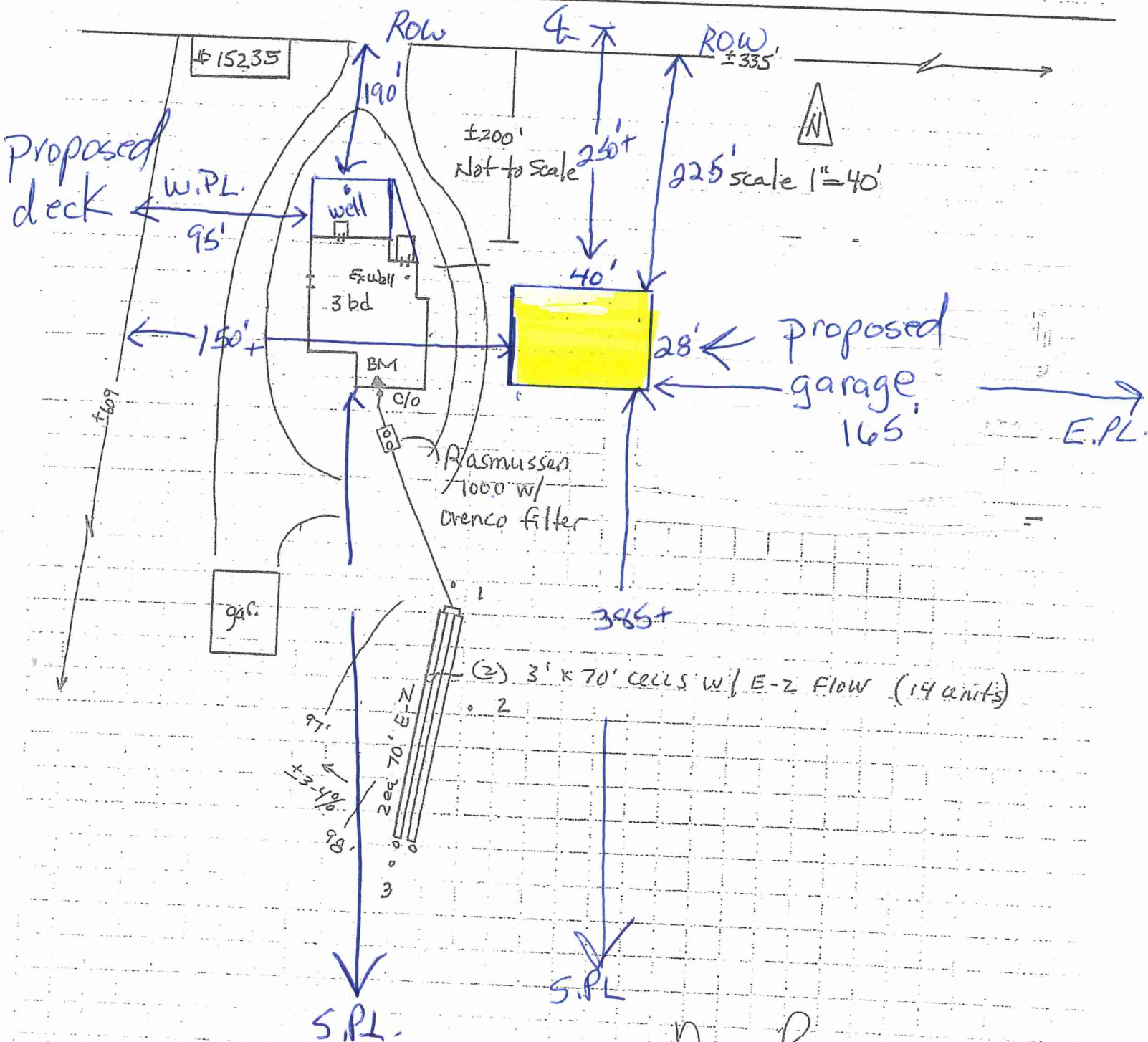
You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:		
Permit Denied (Date):		Reason for Denial:						
Permit #: 21-09339		Permit Date: 10-10-21						
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No					
Granted by Variance (B.O.A.)				Previously Granted by Variance (B.O.A.)				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:				
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Inspection Record:						Zoning District (F-1)		
owner on site & stake						Lakes Classification (NA)		
Date of Inspection: 10/5/21		Inspected by: [Signature]		Date of Re-Inspection:				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)								
- Build as proposed								
- Not for Human Habitation or sleeping								
- If pressurized water enters structure get septic permits								
Signature of Inspector: [Signature]						Date of Approval: 10/6/21		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>



owner: David Wayne Trowbridge  
14685 N. Riverside Rd.  
Cable, Wt. 54821  
715-413-0045

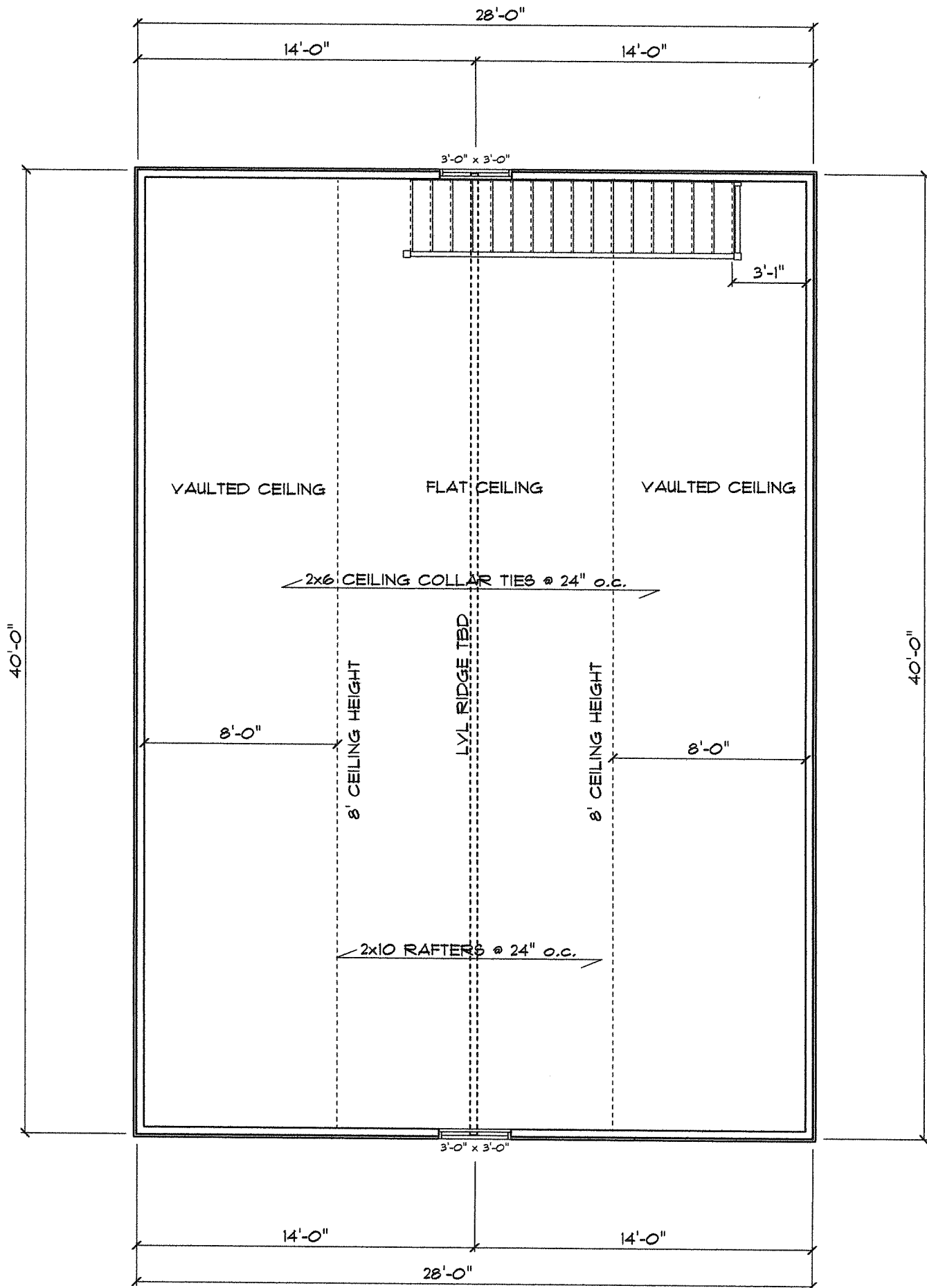
Legal: Bayfield Co. Cable Twp.  
PIN: 04-012-2-43-07-04-3 02-000-20000  
E 1/2 NW/4 SW 5 04 T 43 N R 07 W  
Site: 15235 McAully Rd.



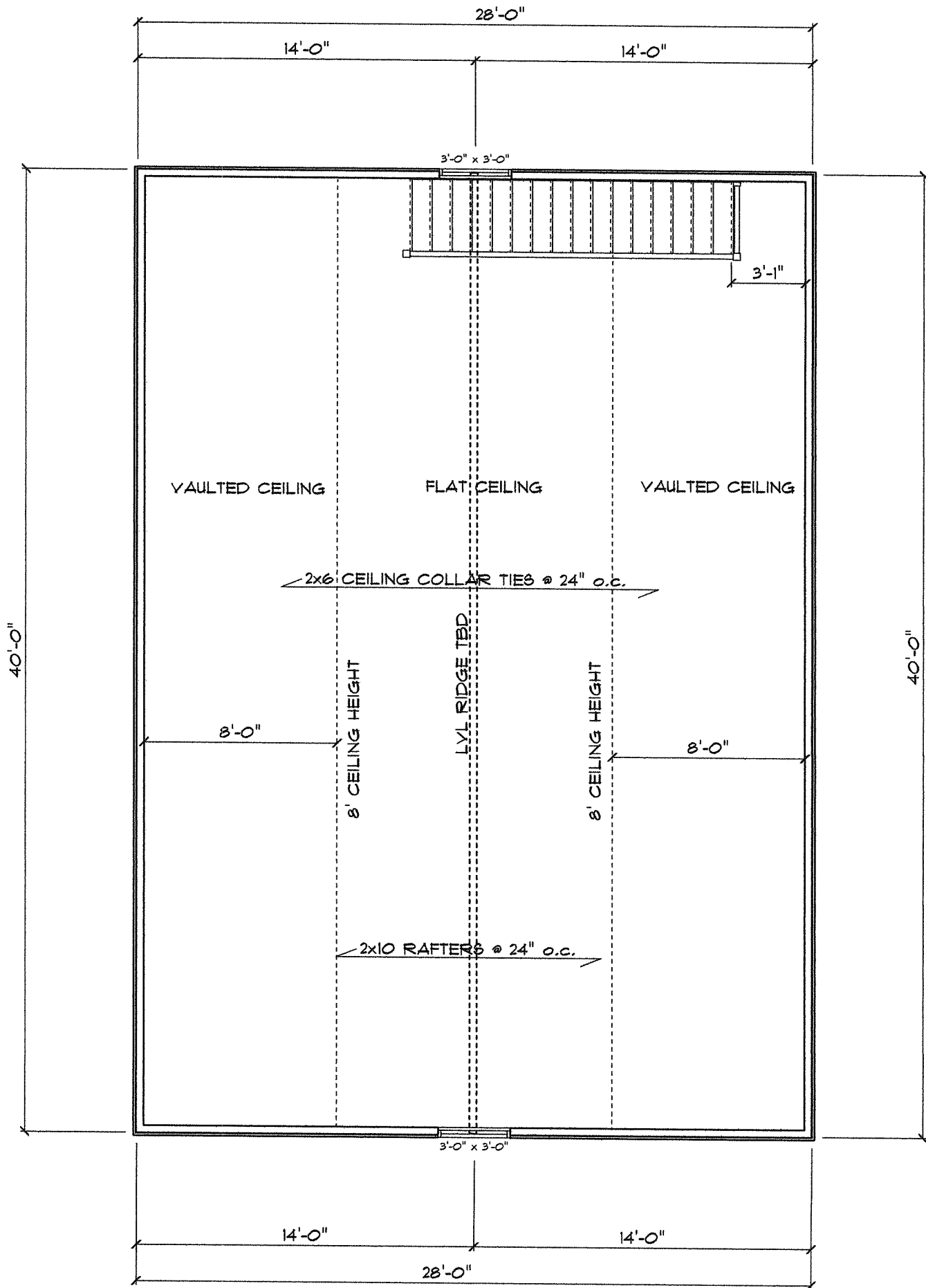
David Rasmussen  
M.P. #221516  
9/6/18





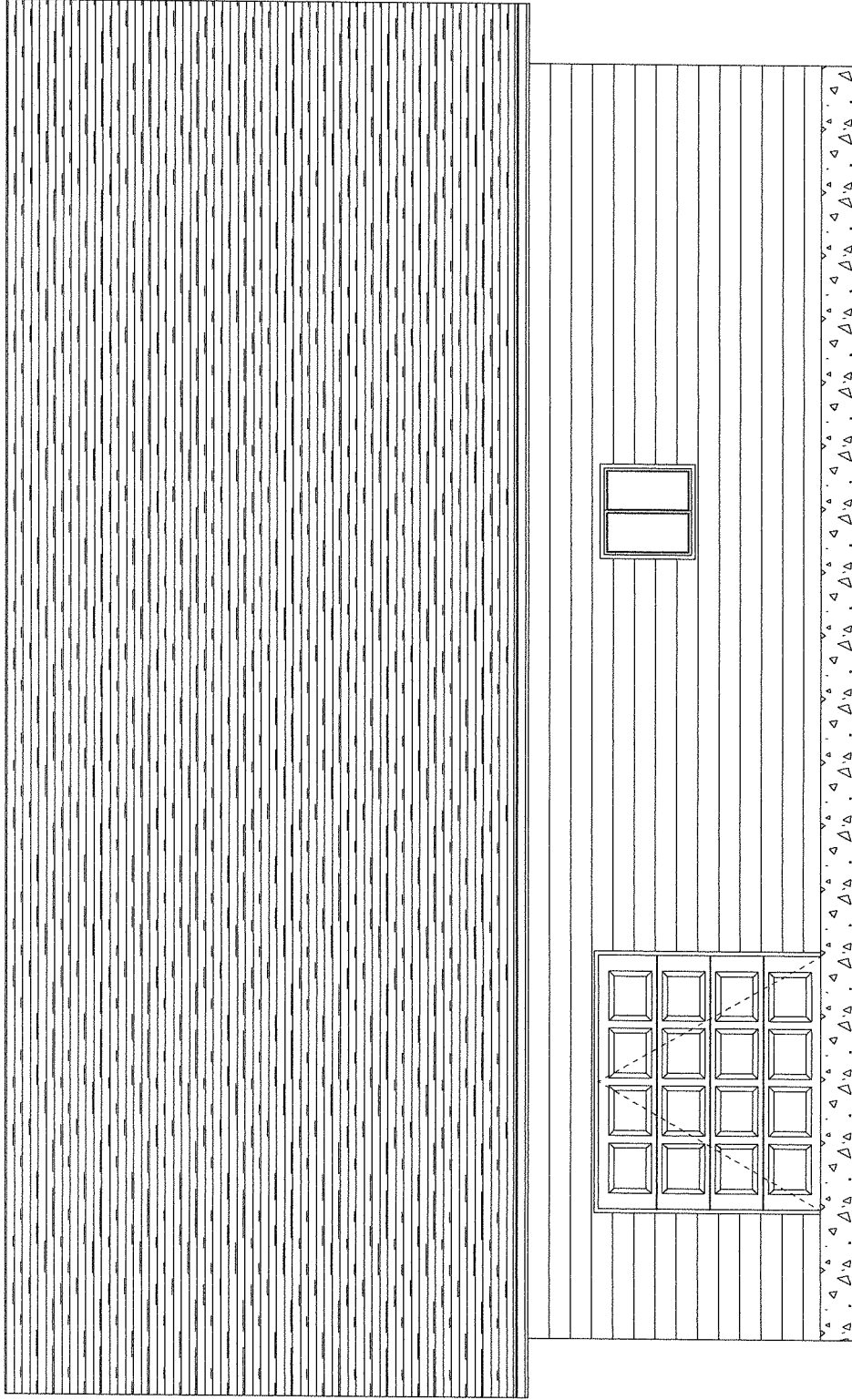


UPPER FLOOR PLAN

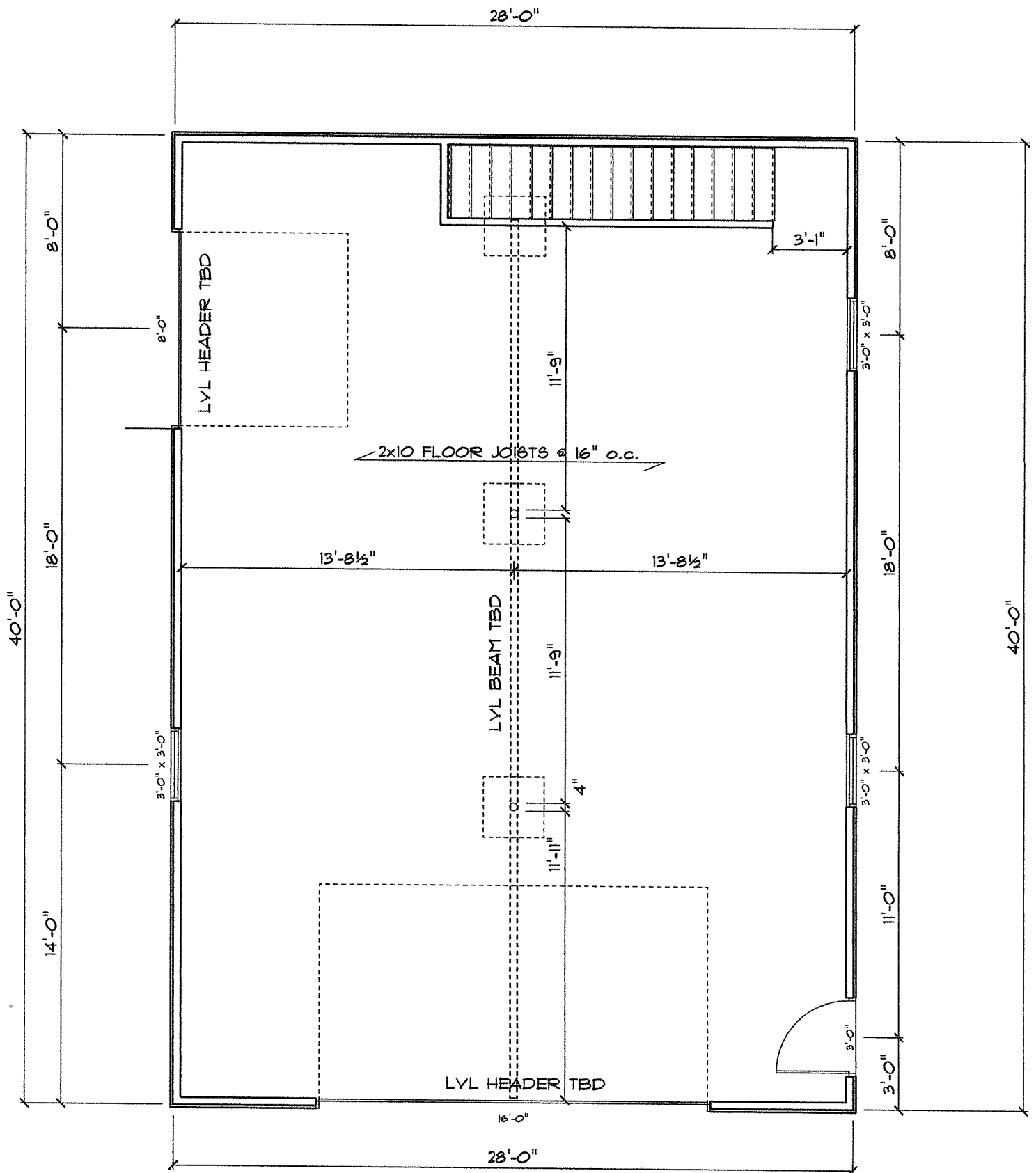


UPPER FLOOR PLAN



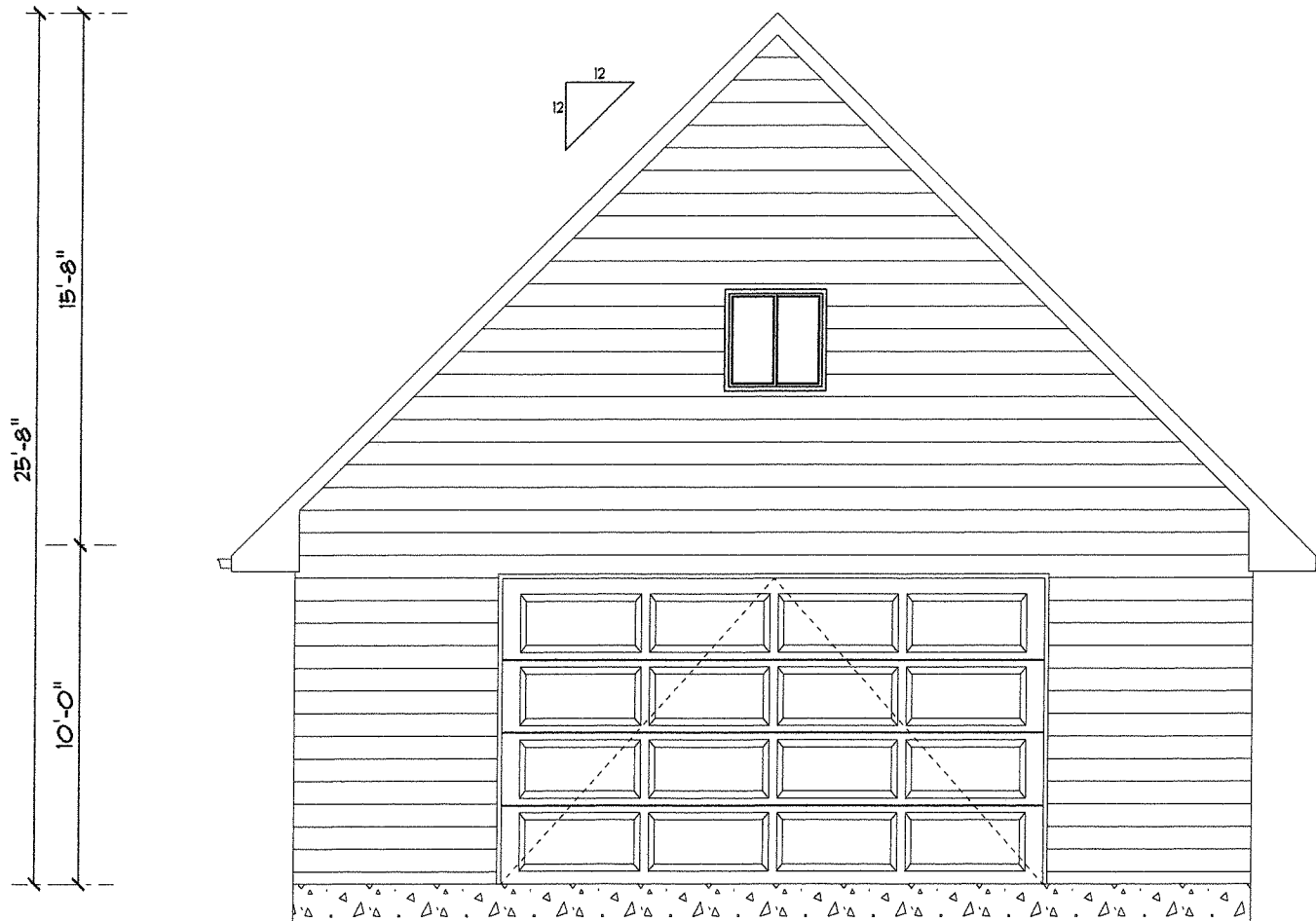


LEFT ELEVATION



MAIN FLOOR PLAN





FRONT ELEVATION



19x8.7

# Bayfield County, WI





# Real Estate Bayfield County Property Listing

Today's Date: 9/15/2021

Property Status: Current

Created On: 3/15/2006 1:15:04 PM

## Description

Updated: 3/11/2021

**Tax ID:** 8381  
**PIN:** 04-012-2-43-07-04-3 02-000-20000  
**Legacy PIN:** 012100901000  
**Map ID:**  
**Municipality:** (012) TOWN OF CABLE  
**STR:** S04 T43N R07W  
**Description:** PAR IN E 1/2 NW SW IN DOC 2021R-586897 80B  
**Recorded Acres:** 5.330  
**Calculated Acres:** 5.342  
**Lottery Claims:** 1  
**First Dollar:** Yes  
**Zoning:** (F-1) Forestry-1  
**ESN:** 108

## Tax Districts

Updated: 3/15/2006

1 STATE  
04 COUNTY  
012 TOWN OF CABLE  
041491 SCHL-DRUMMOND  
001700 TECHNICAL COLLEGE

## Recorded Documents

Updated: 3/15/2006

### WARRANTY DEED

Date Recorded: 2/3/2021 2021R-586897

### LAND CONTRACT

Date Recorded: 4/26/2019 2019R-577212

### WARRANTY DEED

Date Recorded: 1/15/2018 2018R-571562

### TERMINATION OF DECEDENT'S INTEREST

Date Recorded: 1/15/2018 2018R-571561

### CONVERSION

Date Recorded: 319-502;362-151;536-254

### WARRANTY DEED

Date Recorded: 8/8/1991 393652 526-254

## Ownership

Updated: 7/1/2020

JAMES M & DEANNE L ARNOLD

CABLE WI

### Billing Address:

JAMES M & DEANNE L  
ARNOLD  
15235 MCAULLY RD  
CABLE WI 54821

### Mailing Address:

JAMES M & DEANNE L  
ARNOLD  
15235 MCAULLY RD  
CABLE WI 54821



**Site Address** \* indicates Private Road

15235 MCAULLY RD

CABLE 54821



## Property Assessment

Updated: 6/17/2020

### 2021 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	2.000	15,000	86,400
G6-PRODUCTIVE FOREST	3.330	7,000	0

### 2-Year Comparison

	2020	2021	Change
<b>Land:</b>	22,000	22,000	0.0%
<b>Improved:</b>	86,400	86,400	0.0%
<b>Total:</b>	108,400	108,400	0.0%



## Property History

N/A

## Zoning Consulting/Real Estate Services LLC Disclosure

1. I (we) acknowledge that North Star Realtors and John Podlesny, (John Podlesny owner of North Star Realtors), have no interest in Zoning Consulting/Real Estate Services LLC as Zoning Consulting/Real Estate Services LLC and Mike Furtak, owner of Zoning Consulting/Real Estate Services LLC are completely independent of North Star Realtors for this zoning application transaction.
2. Mike Furtak is a licensed Realtor in Wisconsin working as a sales associate for North Star Realtors.
3. I (we) grant permission to Mike Furtak and all vendors whose services are required to obtain the desired zoning permits access to the subject property/properties.
4. I (we) authorize Mike Furtak of Zoning Consulting/Real Estate Services LLC to act as our agent to represent our interests during the application process to obtain the required zoning permit(s).
5. I (we) acknowledge that we are responsible for all costs of services provided by vendors and/or other entities to obtain the required permit(s).
6. I (we) hereby understand that by contracting Mike Furtak and Zoning Consulting/Real Estate Services LLC there is **NO GUARANTEE** the desired permit(s) will be approved by the issuing authorities. Additionally there is no guarantee to the timeframe for the issuance of permits.
7. It is the responsibility of the property owner/contractor/plumber to obtain a Uniform Dwelling Code (UDC) or sanitary permit if required.
8. Mike Furtak and Zoning Consulting /Real Estate Services LLC are only responsible to attempt to gain issuance of the necessary Land Use permit as agreed to. Mike Furtak and Zoning Consulting/Real Estate Services LLC will not act as a general contractor or project manager.

The undersigned parties have read and understand the above terms of this disclosure and agree to abide by all terms.

Signature James Arnold  
Print Name: James Arnold

Date 8-15-21

Signature Dee Arnold  
Print Name: Dee Arnold

Date 9-15-21



Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **21-0332** Issued To: **James & Deanne Arnold**

Par in E ½ of the  
Location: **NW ¼ SW ¼** Section **4** Township **43** N. Range **7** W. Town of **Cable**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential: [ 1- Story ]; Accessory Structure (Garage) (40' x 28') = 1,120 sq. ft. Height of 26'**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s): Build as Proposed. Not for Human Habitation or Sleeping Purposes. If pressurized water enters structure sanitary permit is required.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler, AZA**

Authorized Issuing Official

**October 10, 2021**

Date